ALABAMA DEPARTMENT OF CORRECTIONS

RECEIVING SCREENING FORM

INMATES NAME: Richard Wright 187104 DATE: 6/14/96 TIME: 1/1330hrs.

DOB: 8/15/62 OFFICER: C Payne INSTITUTION: Draper

BOOKING OFFICERS VISUAL OPINION	Yes	No
1. Is the Inmate Conscious ?	Yes	
2. Does the inmate have any obvious pain or bleeding/other symptoms suggesting the need for emergency services ?		✓
3. Are there any visible signs of trauma or illness requiring immediate emergency or doctor's care ?		✓
4. Any obvious fever. swollen lymphnodes, jaundice, or other evidence of infection which might spread through the institution ?		✓
5. Is the skin in poor condition or show signs of vermin or rashes ?		✓
6. Does the inmate appear to be under the influence of Alcohol, or Drugs ?		✓
7. Are there any visible signs or Alcohl or Drug withdrawal ? (Extreme perspiration, shakes, nausea, pinpoint pupils etc)		✓
8. Is the inmate making any verbal threats to staff or other inmates ?		✓
9. Is the inmate carring any medication or report that he is on any medication which must be continuously administered or available ?		✓
10. Does the inmate have any obvious physical handicaps ?		✓

IF THE ANSWER IS YES TO ANY QUESTIONS FROM 2 to 10 ABOVE - SPECIFY WHY IN SECTION BELOW

11. Are you presently taking medication for diabetes, heart disease, seizure, athritis, asthma, ulcers, high blood pressure or psychiatric disorder?		✓
12. Are you on any special diet prescribed by a physician ? (if yes - what type ?)		✓
13. Do you have a history of veneral disease or abnormal discharge ?		✓
14. Have you recently been hospitalized or recently seen a medical or psychiatric doctor for any illness ?		✓
15. Have you ever attempted suicide ? (If yes - When ?_____ How ?_____.		✓
16. Do you want to do any harm to yourself now ?		✓

	Yes	No	No Responce
17. Do you want to talk to a mental health counselor ?	___	✓	___
18. Are you allergic to any medication ?	___	✓	___
19. Have you recently fainted or had a head injury ?	___	✓	___
20. Do you have epilepsy ?	___	✓	___
21. Do you have a history of tuberculosis ?	___	✓	___
22. Do you have diabetes ?	___	✓	___
23. Do you have hepatitis ?	___	✓	___
24. Do you have a painful dental problem ?	___	✓	___
25. Do you have any medical problem we should know about ?	___	✓	___
26. Do you have a past alcohol or drug history ?	___	✓	___

What type:_____ How much used_____
For how long:_____
Last time you used any:_____

COMMENTS: (Unusual behavior etc.)

_____

_____

FOR THE OFFICER:

27. Was the new inmate briefed on sick/dental call procedures? ✓

28. This inmate was:
a. Release for normal processing ✓
b. Referred to appropriate health care unit _____
c. Immediately sent to health care unit _____

_____
Officer's Signature

NOTE: This form is completed on inter & intra system transfers at receiving and will be filed in the inmates medical jacket to comply with ACA Standards 2-4289, 2-4290 and AMA Standard 140.

Richard W. Wright 187140
Inmate's Signature

ALABAMA DEPARTMENT OF CORRECTIONS

RECEIVING SCREENING FORM

INMATES NAME: Richard Wright 187104 DATE: 6/14/96 TIME: 1/1330hrs.

DOB: 8/15/62 OFFICER: [signature] INSTITUTION: Draper

BOOKING OFFICERS VISUAL OPINION	Yes	No
1. Is the Inmate Conscious ?	Yes	
2. Does the inmate have any obvious pain or bleeding/other symptoms suggesting the need for emergency services ?		✓
3. Are there any visible signs of trauma or illness requiring immediate emergency or doctor's care ?		✓
4. Any obvious fever. swollen lymphnodes, jaundice, or other evidence of infection which might spread through the institution ?		✓
5. Is the skin in poor condition or show signs of vermin or rashes ?		✓
6. Does the inmate appear to be under the influence of Alcohol, or Drugs ?		✓
7. Are there any visible signs or Alcohl or Drug withdrawal ? (Extreme perspiration, shakes, nausea, pinpoint pupils etc)		✓
8. Is the inmate making any verbal threats to staff or other inmates ?		✓
9. Is the inmate carring any medication or report that he is on any medication which must be continuously administered or available ?		✓
10. Does the inmate have any obvious physical handicaps ?		✓

IF THE ANSWER IS YES TO ANY QUESTIONS FROM 2 to 10 ABOVE - SPECIFY WHY IN SECTION BELOW

11. Are you presently taking medication for diabetes, heart disease, seizure, athritis, asthma, ulcers, high blood pressure or psychiatric disorder?		✓
12. Are you on any special diet prescribed by a physician ? (if yes - what type ?)		✓
13. Do you have a history of veneral disease or abnormal discharge ?		✓
14. Have you recently been hospitalized or recently seen a medical or psychiatric doctor for any illness ?		✓
15. Have you ever attempted suicide ? (If yes - When ?_____ How ?_____.		✓
16. Do you want to do any harm to yourself now ?		✓

INTRASYSTEM TRANSFER FOR

HEALTH STATUS

Transferring Facility: Kilby

Name: Wright, Richard

Number: 187140 Race: B W H Other

Age: _____ Date of Birth: 7/15/67 Sex: M F

Date: 5/31/96

Time: _____ AM PM WKDA

Allergies: _____ Food Handler Approved: Y / N

Current Acute Conditions/Problems: Ø

Chronic Conditions/ Problems: HTN & Dental caries.

Current Medications - Name, Dosage, Frequency, Duration:

Acute Short-term Medications: BP medicine

Chronic Long-term Medications: Ø

Chronic Psychotropic Medications: Ø

Current Treatments: Ø

Follow-up Care Needed: yes on HTN

Last PPD: 11-95 Results Ø mms Last Physical: 11/-/95

Chronic Clinics: Ø Specialty Referrals: Ø

Significant Medical History: HTN

Physical Disabilities/Limitations: _____

Assistive Devices/Prosthetics: _____ Glasses: ✓ Contacts: _____

Mental Health History/Concerns:

Substance Abuse: Y / N Alcohol: Y / N Drugs: Y / N

_____ Hx Suicide Attempt: Date: __/__/__

_____ Hx Psychotropic Medication

_____ Previous Psychiatric Hospitalizations

O. Jones LPN
Signature and Title Date: 6/1/96

TRANSFER RECEPTION SCREENING

Receiving Facility: Draper

Date: 6/4/96 Time: 130 AM PM

S: Current Complaint: Ø

Current Medications/Treatment: Ø

O: Physical Appearance/Behavior: Not seen by nurse

Deformities: Acute/Chronic: _____

T ____ P ____ R ____ B/P ____/____

A: _____

P: Disposition: (Instructions: Check or circle as appropriate)

___ Routine, Sick Call

Instructions Given

___ Emergency Referral

___ HIV/TB Instruction Given

___ Physician Referral:

Urgent / Routine

___ Medication Evaluation

___ Work/Program Limitation

___ Special Housing

___ Specialty Referrals

___ Chronic Clinics

___ Mental Health

___ OTHER

___ Infirmary Placement

Other: _____

J. Rowell LPN
Signature and Title

CMS-7130

CORRECTIONAL MEDICAL SYSTEMS
CONSENT TO TREATMENT FORM

Wright, Richard
Name of Inmate

5/20/96
Date

181140 8/15/67
Inmate ID Number / Date of Birth

I hereby give my consent to Correctional Medical Systems, its employees and agents to perform any diagnostic laboratory procedures, examinations, x-rays, oral or injected medications or other procedures recommended by the physician.

I am aware the practice of medicine is not an exact science and I acknowledge no guarantees have been made regarding the result of treatments or examinations performed by Correctional Medical Systems.

I also authorize the transfer of my medical records or copies of said records to any facility to which I am referred for treatment or to any other correctional facility to which I am transferred.

I understand I may withdraw this consent to any specific treatment by refusing the treatment or test.

I sign this willingly in full understanding of the above and release Correctional Medical Systems, its employees and agents from any and all liability which may arise from this action.

X Richard W. Wright
Inmate Signature

5/20/96
Date

Witness

Witness

CMS 7173 REV 6.93

CMS
CORRECTIONAL
MEDICAL SERVICES

WHAT YOU NEED TO KNOW ABOUT TETANUS

Tetanus, sometimes called lockjaw, is a very serious disease that can occur after a cut or wound lets the germ into the body. Tetanus makes a person unable to open his or her mouth or swallow, and causes serious muscle spasms. People with tetanus usually have to stay in the hospital for a long time. In the United States , tetanus kills 3 out of every 10 people who get the disease. Since 1975, only 50 to 90 cases of tetanus have been reported each year.

Tetanus vaccines cause few problems. They may cause mild fever or soreness, swelling , and redness where the shot was given. These problems usually last for 1 to 2 days.

There is a rare chance that other serious problems or even death could occur after getting Tetanus. Such problems could happen after taking any medicine or after receiving any vaccine.

I have read the above inforamtion regarding Tetanus injections and understand about possible side effects.

Richard W. Wright / 180140
Inmate Signature / AIS #

5/26/96
Date

Witness

Connaught
Manufacturer Name

Lot #

Antonia Wright
Administered By

RECEIVING SCREENING FORM

INMATE'S NAME: Wright, Richard DATE: 5/17/96 TIME: 8:20 P.M.

DOB: 8/15/67 OFFICER: A. Gibson INSTITUTION: Kilby

RECEIVING OFFICER'S VISUAL OPINION

	YES	NO
Is the inmate conscious?	✓	
Does the inmate have any obvious pain or bleeding or other symptoms suggesting the need for doctor's care?		✓
Are there any visible signs of trauma or illness requiring immediate emergency or doctor's care?		✓
Any obvious fever, jaundice, or other evidence of infection which might spread through the institution?		✓
Is the skin in poor condition or show signs of vermin or rashes?		✓
Does the inmate appear to be under the influence of alcohol, or drugs?		✓
Are there any signs of alcohol or drug withdrawal? (Extreme perspiration, shakes, nausea, pinpoint pupils, etc)		✓
Is the inmate making any verbal threats to staff or other inmates?		✓
Is the inmate carrying any medication or report that he is on any medication which must be continuously administered or available?		✓
Does the inmate have any obvious physical handicaps?		✓

FOR THE OFFICER

Was the new inmate oriented on sick/dental call procedures?

This inmate was ✓ a. Released for normal processing

____ b. Referred to health care unit

____ c. Immediately sent to the health care unit

Anthony J. Gibson

Officer's Signature

This form will be completed at receiving and will be filed in the inmate's medical jacket to comply with NCCH Standards.

INTRASYSTEM TRANSFER FORM

HEALTH STATUS

Transferring Facility: BCCF

Name: Wright Richard

Number: 187140 Race: (B) W H Other

Age: ____ Date of Birth: 6/29/99 Sex: (M) F

Date: 6/29/99

Time: ____ AM PM

Allergies: NKA Food Handler Approved: Y / N

Current Acute Conditions/Problems: 0

Chronic Conditions/ Problems: ____

Current Medications - Name, Dosage, Frequency, Duration:

Acute Short-term Medications: 0

Chronic Long-term Medications: 0

Chronic Psychotropic Medications: 0

Current Treatments: 0

Follow-up Care Needed: 0

Last PPD: 7-26-98 Results 0 mms Last Physical: 7/26/98

Chronic Clinics: ____ Specialty Referrals: ____

Significant Medical History: 0

Physical Disabilities/Limitations: 0

Assistive Devices/Prosthetics: ____ Glasses: ✓ Contacts: 0

Mental Health History/Concerns:

Substance Abuse: Y / (N) Alcohol: (Y) / N Drugs: Y (N)

0 Hx Suicide Attempt: Date: __/__/__

0 Hx Psychotropic Medication

0 Previous Psychiatric Hospitalizations

Signature and Title Date: 6/29/99

TRANSFER RECEPTION SCREENING

Receiving Facility: Draper

Date: 7/6/99 Time: 2000 AM (PM)

S: Current Complaint: 0

Current Medications/Treatment: 0

O: Physical Appearance/Behavior: (183 lbs)

Deformities: Acute/Chronic: 0

T 97.6 P 80 R 14 B/P 118/78

A: New Inmate Screen

P: Disposition: (Instructions: Check or circle as appropriate)

✓ Routine, Sick Call

___ Instructions Given

___ Emergency Referral

___ HIV/TB Instruction Given

___ Physician Referral:

Urgent / Routine

___ Medication Evaluation

___ Work/Program Limitation

___ Special Housing

___ Specialty Referrals

___ Chronic Clinics

___ Mental Health

___ OTHER

___ Infirmary Placement

Other: ____

Signature and Title

CMS 7190

CONTINUED REPORT

LABORATORY REPORT

Quest Diagnostics

BULLOCK CORRECTIONAL FACILITY
HWY 82 EAST
UNION SPRINGS, AL 36089-5107

PATIENT NAME	PATIENT ID	ROOM NO.	AGE	SEX	PHYSICIAN
WRIGHT, RICHARD			34	M	BULLOCK CORRECTIONA

PAGE	REQUISITION NO.	ACCESSION NO.	LAB REF. #	COLLECTION DATE & TIME	LOG-IN-DATE	REPORT DATE	& TIME
2	7531641	AT9356I6E			06112002	06112002	11:05AM

REMARKS

EASTERN TIME

REPORT STATUS: FINAL / TEST	RESULT IN RANGE	RESULT OUT OF RANGE	UNITS	REFERENCE RANGE	SITE CODE
Date of Birth: 08/15/1967					
URINALYSIS, MICROSCOPIC					AT
TSH	0.78		MIU/L	0.40-5.50	AT
THYROID PANEL					AT
T-3 UPTAKE	33		%	22-35	
T-4 (THYROXINE), TOTAL	7.5		MCG/DL	4.5-12.5	
FREE T4 INDEX (T7)	2.5			1.4-3.8	
LITHIUM		<0.3 L	MEQ/L	0.5-1.3	AT

(URINALYSIS, MICROSCOPIC:)

```
*********************************
* TEST NOT PERFORMED.               *
* THE SPECIMEN SUBMITTED DID NOT    *
* MEET THE SPECIMEN REQUIREMENTS.   *
* PLEASE REFER TO THE "SPECIMEN     *
* COLLECTION GUIDE" OR CALL THE     *
* LABORATORY FOR PROPER             *
* REQUIREMENTS.                     *
* TEST HAS BEEN CANCELLED.          *
*********************************
```

(THYROID PANEL:) * Reference footnote #1

(LITHIUM:) POTENTIALLY TOXIC: > 1.5

Footnote 1

AS OF 4/1/00, THE AMA HAS DELETED THE THYROID PANEL AND THYROID PANEL W/TSH. THE RESPECTIVE INDIVIDUAL COMPONENTS CAN BE ORDERED, T4, TOTAL (867), T3 UPTAKE (861) AND TSH (899), OR CONSIDER THE USE OF TSH W/REFLEX TO FREE T4 (36127) WHICH IS CONSIDERED TO BE THE STANDARD OF PATIENT CARE FOR ASSESSING THYROID DISEASE BY THE AMERICAN THYROID ASSOCIATION AND THE ENDOCRINE SOCIETY.

NOTE: CALCULATED T7 WILL BE REPORTED WHENEVER TOTAL T4 AND T3 UPTAKE ARE ORDERED.

>> END OF REPORT - WRIGHT, RICHARD AT935616E <<

6/14

INDICATES TESTING SITE SEE REVERSE

LABORATORY REPORT

Quest Diagnostics

BULLOCK CORRECTIONAL FACILITY
HWY 82 EAST
UNION SPRINGS, AL 36089-5107

PATIENT	ROOM NO.	AGE	SEX	PHYSICIAN
WRIGHT,RICHARD		34	M	BULLOCK CORRECTIONA

ORDERING #	ACCESSION #	COLLECTION DATE & TIME	LOG-IN DATE	REPORT DATE	& TIME
1	7531641 AT935616E		06112002	06112002	11:05AM

EASTERN TIME

REPORT STATUS: FINAL

TEST	RESULT IN RANGE	RESULT OUT OF RANGE	UNITS	REFERENCE RANGE	SITE CODE
Date of Birth: 08/15/1967					
COMPREHENSIVE METABOLIC PANEL					AT
GLUCOSE		43 L	MG/DL	65-109 FASTING REFERENCE INTERVAL	
UREA NITROGEN (BUN)	13		MG/DL	7-25	
CREATININE	1.2		MG/DL	0.5-1.4	
BUN/CREATININE RATIO	11		(CALC)	6-25	
SODIUM	138		MMOL/L	135-146	
POTASSIUM	5.1		MMOL/L	3.5-5.3	
CHLORIDE	99		MMOL/L	98-110	
CARBON DIOXIDE	24		MMOL/L	21-33	
CALCIUM	9.3		MG/DL	8.5-10.4	
PROTEIN, TOTAL	6.9		G/DL	6.0-8.3	
ALBUMIN	3.9		G/DL	3.7-5.1	
GLOBULIN	3.0		G/DL (CALC)	2.2-4.2	
ALBUMIN/GLOBULIN RATIO	1.3		(CALC)	0.8-2.0	
BILIRUBIN, TOTAL	0.5		MG/DL	0.2-1.5	
ALKALINE PHOSPHATASE	64		U/L	20-125	
AST	29		U/L	2-50	
ALT	31		U/L	2-60	
CBC (INCLUDES DIFF/PLT)					AT
WHITE BLOOD CELL COUNT	5.3		THOUS/MCL	3.8-10.8	
RED BLOOD CELL COUNT	4.72		MILL/MCL	4.20-5.80	
HEMOGLOBIN	14.5		G/DL	13.2-17.1	
HEMATOCRIT	42.0		%	38.5-50.0	
MCV	88.8		FL	80.0-100.0	
MCH	30.8		PG	27.0-33.0	
MCHC	34.6		G/DL	32.0-36.0	
RDW	14.5		%	11.0-15.0	
PLATELET COUNT	230		THOUS/MCL	140-400	
ABSOLUTE NEUTROPHILS	3323		CELLS/MCL	1500-7800	
ABSOLUTE LYMPHOCYTES	1511		CELLS/MCL	850-3900	
ABSOLUTE MONOCYTES	408		CELLS/MCL	200-950	
ABSOLUTE EOSINOPHILS		27 L	CELLS/MCL	50-550	
ABSOLUTE BASOPHILS	32		CELLS/MCL	0-200	
NEUTROPHILS	62.7		%		
LYMPHOCYTES	28.5		%		
MONOCYTES	7.7		%		
EOSINOPHILS	0.5		%		
BASOPHILS	0.6		%		

>> REPORT CONTINUED ON NEXT PAGE WRIGHT,RICHARD AT935616E <<

INDICATES TESTING SITE SEE REVERSE SI

KILBY CORRECTIONAL FACILITY
PO BOX 11
MT. MEIGS, AL 36057

PATIENT NAME
Wright, Richard

PRISON ID
187140

DATE SUBMITTED
7-21-99

DCC66 422

TEST NAME	RESULT	REFERENCE RANGE	COMMENTS
HIV ANTIBODY		NEGATIVE (NEG)	
RPR	NR	NON-REACTIVE (NR)	
URINALYSIS			
APPEARANCE			
pH		pH 5- pH 6	
PROTEIN		NEGATIVE (NEG)	
GLUCOSE		NEGATIVE (NEG)	
KETONES		NEGATIVE (NEG)	
BILIRUBIN		NEGATIVE (NEG)	
BLOOD		< 5 RBC/MCL	
NITRITE		NEGATIVE (NEG)	
UROBILINOGEN		< 1.0 MG/DL	
LEUK. ESTERASE		NEGATIVE (NEG)	
SPECIFIC GRAVITY		1.016-1.022	

U/A DIPSTICK REPORT

STATON HEALTH CARE UNIT

Name: Wright, Richard AIS# 187140 R/S BB

Facility: DCC DOB: 8-15-67 AGE: 31

Collection Date: 7/17/99 Time: 12:18 A.

Annual Physical ✓ Random _____ Repeat _____ Daily _____

After Rx. Completion _____ Chronic Care Clinic Protocal _____

Urine Appearance: Color Yellow Clarity Clear Odor _____

Specific Gravity: 1.025

PH: 5

LEAKOCYTES: 6

NITRATE: 6

PROTEIN: 6

GLUCOSE: WNL

KEYTONES: 6

UROBILINOGEN: WNL

BILIRUBIN: 6

BLOOD: 6 HEMOGLOBIN: 6

WNL: ✓ ABNORMAL: _____

OBTAINING NURSE'S SIGNITURE: [signature] 7/17/99
Date

REVIEWING PHYSICIAN'S SIGNITURE: _____
Date

WRIGHT, RICHARD (COMPLETE) (H)

DOB 8/15/67

Age	Sex	Control #	Patient ID	Phys ID
28/09	M		187140	MAUNEY

Fasting

Tot Vol 0000

NPY 7

Account Number 01302895
KILBY CORRECTIONAL FACILITY
CORRECTIONAL MEDICAL SERVICES
P.O. BOX 11
MT. MEIGS, AL 36057-0000
(334) 215-6685

Spec Date 5/20/96 7:00 | Received 5/20/96 | Reported 5/21/96 8:30 | Seq# 1212

TEST	RESULT	OUT OF RANGE	UNITS	LIMITS	LAB
CBC WITH DIFFERENTIAL					
White Blood Count	4.6		X 10-3/uL	4.1- 10.3	MB
Red Blood Count	4.89		X 10-6/uL	4.30- 5.60	MB
Hemoglobin	16.0		g/dL	13.5- 17.0	MB
Hematocrit	45.5		%	40.0- 51.0	MB
MCV	93		fL	81- 95	MB
MCH	32.8		pg	27.0- 33.0	MB
MCHC	35.2		g/dL	32.5- 35.5	MB
Platelets	194		X 10-3/uL	150- 415	MB
Polys	57		%	45- 76	MB
Lymphs	34		%	17- 44	MB
Monocytes	8		%	3- 10	MB
Eos	0		%	0- 4	MB
Basos	1		%	0- 2	MB
Polys (Absolute)	2.6		X 10-3/uL	1.8- 7.8	MB
Lymphs (Absolute)	1.6		X 10-3/uL	0.7- 4.5	MB
Monocytes(Absolute)	0.4		X 10-3/uL	0.1- 1.0	MB
Eos (Absolute Value)	0.0		X 10-3/uL	0.0- 0.4	MB
Baso(Absolute)	0.0		X 10-3/uL	0.0- 0.2	MB

LAB: MB LABCORP HOLDINGS
1801 FIRST AVENUE SOUTH, BIRMINGHAM, AL 35233-0000
DIRECTOR: JAMES A DAVIS III MD

LAST PAGE OF REPORT

RECTIONAL FACILITY
11
MEIGS, AL 36057

PATIENT NAME
Wright, Richard

PRISON ID
187140

DATE SUBMITTED
5-20-96

NPV 7

TEST NAME	RESULT	REFERENCE RANGE	COMMENTS
HIV ANTIBODY	NR	NEGATIVE (NEG)	
RPR	NR	NON-REACTIVE (NR)	
URINALYSIS	A		
APPEARANCE			
pH		pH 5- pH 6	
PROTEIN	Neg	NEGATIVE (NEG)	
GLUCOSE	3+	NEGATIVE (NEG)	
KETONES	Neg	NEGATIVE (NEG)	
BILIRUBIN	Neg	NEGATIVE (NEG)	
BLOOD	Neg	< 5 RBC/MCL	
NITRITE	Neg	NEGATIVE (NEG)	
UROBILINOGEN	Normal	< 1.0 MG/DL	
LEUK. ESTERASE		NEGATIVE (NEG)	
SPECIFIC GRAVITY		1.016-1.022	

Apparently Not Known Status

8 Clin 19

CLIA ID NO. 01D0706289

GEORGE A. LYRENE, MD
MEDICAL DIRECTOR

WAYNE D. MERCER, PH
LABORATORY DIR

X-RAY REQUISITION AND REPORT

NAME OF FACILITY	DATE OF REQUEST	REQUESTED BY	PATIENT STATUS
Bullock	8-15-02	Sidig	

EXAMINATION REQUESTED

X-ray (L) Knee

CLINICAL DIAGNOSIS

injury

X-RAY NUMBER	DATE OF X-RAY	DATE OF PPD SKIN TEST	
	8-20-02		

REPORT OF FINDINGS

WRIGHT, RICHARD ID# 187140

LEFT KNEE TWO VIEWS 08/20/02

NORMAL INCLUDING NO FRACTURE OR JOINT EFFUSION.

RP
S. LOVELESS, M.D.
RDTF 08/21/02

SIGNATURE

Patients Last Name First Middle	Date of Birth	R/S	ID NUMBER
Wright Richard	8-15-67	Blk	187140

NaphCare

HEALTH SERVICES REQUEST FORM

Print Name: Richard Wright Date of Request: June 9 2003

ID#: 187140 Date of Birth: 08-15-67 Housing Location: 12-13

Nature of problem or request: RAZOR RASH

Richard W Wright

Sign here for consent to be treated by health staff for the condition described

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

****

HEALTH CARE DOCUMENTATION

Subjective: I Want to renew my shaving profile

Objective: BP 130/80 P 78 R 20 T 97.8 wt 207
To Renew shaving profile - Noted razor burn face

Assessment: Alteration in comfort

Plan: See Dr. Siddiq

Refer to: ✓ PA/Physician ___ Mental Health ___ Dental
E- To return to HCU to see Dr. Siddiq at 7:30 A.

Signature: L. Smith Title: Lpn Date: 6/9/03 Time: 11:05 PM

MaphCare, Inc.

Health Services Request Form

Inmate Name Richard W Wright Date of Request 6-4-2003

AIS No. 187140 Date of Birth Aug 15, 67 Housing Loc. 12 Bed 13

Nature of problem or request Razor Rash

Sign here for consent to be treated by health staff for the condition described above. Richd W Wright

Place this slip in Medical Box or designated area

DO NOT WRITE BELOW THIS LINE

Health Care Documentation

Subjective: "I got a razor rash."

Objective: BP 124/76 P 82 R 18 T 97.4 WT 207

Assessment: alteration in Skin Integrity

Plan: See MD in AM

Refer to: PA/ Physician Mental Health Dental

Education: Instructed to follow up w/ MD in AM

Protocol used: (specify)

Signature [signature] Title LPN Time 2315 Date 6-3-03

CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM

Print Name: Richard Wright Date of Request: 4/1/03

ID #: 187111 Date of Birth: 7/5/70 Housing Location: 2-11

Nature of problem or request: Rash Rash

I consent to be treated by health staff for the condition described.

Richard Wright
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

****

HEALTH CARE DOCUMENTATION

Subjective: "I need to renew my shaving profile."

Objective: BP 110/78 P 76 R 16 T 98.4 Wt. 203 lbs

Assessment: Alt. in comfort

Plan: See MD

E: Return to HCU in the A.M to see MO

Refer to: ✓ PA/Physician ____ Mental Health ____ Dental

Signature: Gloria Rogers Title: LPN Date: 4-1-03 Time: 12:10

CMS 7166 REV. 10/94

Last First Middle Initial	
Name	AIS #
Date Allergies	Facility
SIG.	Discontinue
	Continue
	Increase
Physician Signature:	Decrease

NC002

Last First Middle Initial	
Name	AIS #
Date Allergies	Facility
SIG.	Discontinue
	Continue
	Increase
Physician Signature:	Decrease

NC002

Last First Middle Initial	
Name	AIS #
Date Allergies	Facility
SIG.	Discontinue
	Continue
	Increase
Physician Signature:	Decrease

NC002

Last Wright First Richard Middle Initial	
Name	AIS # 187140
Date Allergies NKA	Facility BCCF
SIG.	Discontinue
	Continue
	Increase
Physician Signature:	Decrease

Last First Middle Initial

AIS #

Allergies

Facility

Discontinue

Continue

Increase

Decrease

cian Signature:

NC002

Name Last Wright First Richard Middle Initial

AIS # 187140

Date 10-10-03 Allergies NKA

Facility Bullock

SIG.

Discontinue

Continue

Increase

Decrease

Physician Signature:

NC002

Name Last Wright First Richard Middle Initial

AIS # 187140

Date 11/21/03 Allergies

Facility

SIG.

Discontinue

Continue

Increase

Decrease

Physician Signature:

NC002

Name Last Wright First Richard Middle Initial

AIS # 187140

Date 1-31-03 Allergies

Facility

SIG.

Discontinue

Continue

Increase

Decrease

Physician Signature:

CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM

Print Name: Richard Wright Date of Request: 1-22-03

ID #: 187140 Date of Birth: 8-15-67 Housing Location: 2-11

Nature of problem or request: Razor rash

I consent to be treated by health staff for the condition described.

Richard W Wright
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: "I need to get my profile renewed."

Objective: BP 130/90 P 76 R 16 T 98 Wt. 200 lbs

Assessment: alt. in Comfort

Plan: See MD

E - Return to HCU in the A.M. to see MD

Refer to: ✓ PA/Physician ____ Mental Health ____ Dental

Signature: Gloria Rogers Title: LPN Date: 1/28/03 Time: 11:30

CMS 7166 REV. 10/94

CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM

Print Name: Richard Wright Date of Request: 11-18-02

ID #: 187140 Date of Birth: 15 Aug 67 Housing Location: 2-11

Nature of problem or request: Razor Rash and tooth Ache

I consent to be treated by health staff for the ~~condition~~ described.

Richard Wright
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

****

HEALTH CARE DOCUMENTATION

Subjective: "I have razor bumps, I need a profile."

Objective: BP 139/91 P 70 R 20 T _____ Wt. 200 lbs

Assessment: alt. in comfort

Plan: See MD

Refer to: ✓ PA/Physician ____ Mental Health ____ Dental

Signature: Gloria Reagan Title: CM Date: 11/19/02 Time: 11:15 pm

CMS 7166 REV. 10/94

CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM

Print Name: Richard Wright Date of Request: 18 Sept 18, 2002

ID #: 187140 Date of Birth: 15 Aug 67 Housing Location: 8/4

Nature of problem or request: Shaving Rash

I consent to be treated by health staff for the condition described.

Richard Wright
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

****

HEALTH CARE DOCUMENTATION

Subjective: I would like to renew my shaving profile

Objective: BP 130/80 P 76 R 20 T 98 - Wt 195
Rash + bump on face - ~~to renew~~ renew shaving profile

Assessment: Celebration in comfort. R/T Profile

Plan: See Dr. Siddiq

Refer to: ✓ PA/Physician ____ Mental Health ____ Dental

Signature: L. Smith J Title: ____ Date: 9/19/02 Time: 1145

CMS 7166 REV. 10/94

RECEIVED SEP

Last	First	Middle Initial	
Name			AIS #
Date	Allergies		Facility
SIG.			Discontinue
			Continue
			Increase
Physician Signature:			Decrease

NC002

Last	First	Middle Initial	
Name Wright	Richard		AIS # 187140
Date 1-31-03	Allergies NKA		Facility BCCF
SIG. Motrin 600 mg tid x 3 day			Discontinue Noted
			Continue 2/1/03
			Increase 6:35 pm
Physician Signature:			Decrease

NC002

Last	First	Middle Initial	
Name Wright	Richard		AIS # 187140
Date 1-31-03	Allergies NKDA		Facility BCCF
SIG.			Discontinue
			Continue
			Increase
Physician Signature:			Decrease

NC002

Last	First	Middle Initial	
Name Wright	Richard		AIS # 187140
Date 12-5-02	Allergies NKA		Facility Bullock
SIG. Motrin 800 mg ÷ PO T.i.d x 7 days			Discontinue Noted 1/31/03
			Continue
			Increase
Physician Signature:			Decrease

NC002

Last Wright First Richard Middle Initial

Name

Date 11/20/02 Allergies NKA

AIS # 187140

Facility Bullock

SIG.

Discontinue

Continue

Increase

Decrease

Physician Signature:

NC002

Name Wright, Richard

Date 11/20/02 Allergies NKA

AIS # 187140

Facility Bullock

SIG. Shaving profile x 60 days

Discontinue

Continue

Increase

Decrease

Physician Signature:

NC002

Name Wright Richard

Date 8/19/02 Allergies NKA

AIS # 187140

Facility Bullock

SIG.

Discontinue Noted

Continue

Increase

Decrease

Physician Signature:

NC002

Name Wright Richard

Date 6/13/02 Allergies NKDA

AIS # 187140

Facility BCCF

SIG.

Discontinue

Continue

Increase

Decrease

Physician Signature:

Last Wright First Richard Middle Initial
e
Allergies NKDA
AIS # 187140
Facility BCCF

Discontinue
Continue
Increase 6/12/02
Decrease

Physician Signature:

NC002

Name Wright Richard
Date 6/12/02 Allergies NKDA
AIS # 187140
Facility BCCF

SIG.
1. Lithium 300 mg q hs x 90 days
2. Thyroid profile, TSH, CBC, diff, UA, lipid chem profile, + Lithium level.
3. Lithium level next week — other labs ASAP.

Discontinue
Continue
Increase
Decrease

Physician Signature:

NC002

Name Wright Richard
Date 6/6/02 Allergies NKDA
AIS # 187140
Facility BCCF

SIG.
1. Risperidone 25mg IM q 2wks x 90 days
2. Ativan 2 mg PO BID
3. Ativan 2 mg IM q 4 hrs x 90 days

Discontinue
Continue
Increase
Decrease

Physician Signature:

NC002

Name Wright Richard
Date 6/3/02 Allergies NKDA
AIS # 187140
Facility Bullock

SIG.
Haldol 2 mg stat PO.
Lithium 300 mg stat PO.

Discontinue
Continue
Increase
Decrease

Physician Signature:

Name (Last / First / Middle Initial) _____ AIS # _____

Date _____ Allergies _____ Facility _____

SIG.

Physician Signature:

Discontinue

Continue

Increase

Decrease

NC002

Name (Last / First / Middle Initial) _____ AIS # 187140

Date _____ Allergies _____ Facility KCF

SIG.

Physician Signature:

Discontinue

Continue

Increase

Decrease

NC002

Name (Last / First / Middle Initial) _____ AIS # 187140

Date _____ Allergies _____ Facility KCF

SIG.

Physician Signature:

Discontinue

Continue

Increase

Decrease

NC002

Name (Last / First / Middle Initial) _____ AIS # 187140

Date _____ Allergies _____ Facility KCF

SIG.

Signature:

Discontinue

Continue

Increase

Decrease

NC002

Name (Last) Wright	First Richard	Middle Initial	AIS # 187140
Date	Allergies		Facility
SIG.			Discontinue
			Continue
			Increase
Physician Signature:			Decrease

NC002

Name (Last)	First	Middle Initial	AIS #
Date	Allergies		Facility
SIG.			Discontinue
			Continue
			Increase
Physician Signature:			Decrease

NC002

Name (Last)	First	Middle Initial	AIS #
Date	Allergies		Facility
SIG.			Discontinue
			Continue
			Increase
Physician Signature:			Decrease

NC002

Name (Last) [illegible]	First [illegible]	Middle Initial	AIS # 187140
Date 7/27/01	Allergies NKA		Facility [illegible]
SIG. [illegible]			Discontinue
			Continue
			Increase
Physician Signature:			Decrease

7/27/01 0850

NC002

Last First Middle Initial

Name _____ AIS # _____

Date _____ Allergies _____ Facility _____

SIG.

Discontinue

Continue

Increase

Decrease

Physician Signature:

NC002

Last First Middle Initial

Name [illegible] Wright, Richard AIS # 187140

Date 7/20/01 Allergies NKA Facility BCCP

SIG. Motrin Rx 12.5 mg #25 [illegible] PO BID

Discontinue C. Davis Rn

Continue 7/20/01

Increase 1100

Decrease

Physician Signature:

NC002

Last First Middle Initial

Name [illegible] [illegible] AIS # 187140

Date [illegible] Allergies [illegible] Facility [illegible]

SIG. [illegible] 10 days po BID x 5 days

Discontinue

Continue

Increase

Decrease

Physician Signature:

NC002

Last First Middle Initial

Name [illegible] [illegible] AIS # 187140

Date [illegible] Allergies NKA Facility KCF

SIG. [illegible] 25 mg IM q week x 90 days. [illegible] 2 mg PO BID x 90 days.

Discontinue

Continue

Increase

Decrease

Physician Signature:

NC002

Last First Middle Initial

ne Wright Richard AIS # 187140

te Allergies NKA Facility Draper

G.

Discontinue

Continue

Increase

Physician Signature: Decrease

NC002

Last First Middle Initial

Name Wright Richard AIS # 187140

Date Allergies NKA Facility Draper

SIG.

Discontinue

Continue

Increase

Physician Signature: Decrease

NC002

Last First Middle Initial

Name Wright, Richard AIS # 187140

Date Allergies NKA Facility Draper

SIG.

Discontinue

Continue

Increase

Physician Signature: Decrease

NC002

Last First Middle Initial

Name Wright Richard AIS # 187140

Date 6 female Allergies NKA Facility Draper

SIG.

1) Prednisone 20mg PO BID (now) X 14 days
then 10mg PO BID X 14 days
2) Cyproheptadine 4mg PO BID X 30 days

Discontinue

Continue

Increase

Physician Signature: Decrease

dated 2 Austin
06/06/06
126
P

NC002

CORRECTIONAL MEDICAL SERVICES, Inc. **PHYSICIANS' ORDERS**

Name (L) Wright, Richard D.O.B. 8/15/67

Location DCC ID# 197140 Allergies NKA

Check box as order is noted:	(Date & Time)
Noted by: JJones RN noted Date: 5/25/00 Time: 9:25	schedule pt for MD clinic ie. facial dermatitis 5.26.00 (R) M.D. Signature [signature] Date/Time 5/25/00 8:30a
Check box as order is noted:	(Date & Time)
Noted by: JJones RN noted Date: 6/5/00 Time: 5:30pm	~~Keri~~ - Shaving profile x 2 weeks - Benzoyl peroxide 5% - apply to affected area BID x 30d - Tetracycline 250mg p.o. BID x 14 days M.D. Signature [signature] MD Date/Time 6/5/00 11:40a
Check box as order is noted:	(Date & Time)
Noted by: Date: Time:	M.D. Signature Date/Time
Check box as order is noted:	(Date & Time)
Noted by: Date: Time:	M.D. Signature Date/Time

7193 2/96

NAME _____	AIS# _____
DATE _____	FACILITY _____
SIG. Physician Signature:	DISCONTINUE CONTINUE INCREASE DECREASE

NAME _____	AIS# _____
DATE _____	FACILITY _____
SIG. Physician Signature:	DISCONTINUE CONTINUE INCREASE DECREASE

NAME Wright, Richard	AIS# 187140
DATE 12/15/99	FACILITY Draper
SIG. Shave prof. lex qod Benzoyl peroxide to face qdx30d Physician Signature:	DISCONTINUE CONTINUE INCREASE DECREASE Wave Lin RP 12/17/99 12:15pm

NAME Wright, Richard	AIS# 187140
DATE 9/3/99	FACILITY DCC
SIG. Orders per. Dr. Agarwal 1) Shave profile x 90 days 2) AF cream B10 x 14 days noted 9/3/99 JSO Physician Signature:	DISCONTINUE CONTINUE INCREASE DECREASE

NAME _____	AIS# _____
DATE _____	FACILITY _____
SIG.	DISCONTINUE
	CONTINUE
	INCREASE
Physician Signature:	DECREASE

NAME _____	AIS# _____
DATE _____	FACILITY _____
SIG.	DISCONTINUE
	CONTINUE
	INCREASE
Physician Signature:	DECREASE

NAME Wright, Richard	AIS# 187140
DATE 5/27/99	FACILITY Bullock
SIG. HC 2% & Skin x 200 FU	DISCONTINUE
	CONTINUE
	INCREASE 5/27/99 1410
Physician Signature:	DECREASE

NAME Wright, Richard	AIS# 187140
DATE 2/26/99	FACILITY BCCF
SIG. Amoxil Susp 500 x 10d	DISCONTINUE
Tylenol 650 mg PO Q4 x 7d	CONTINUE noted 2-26-99 V. Pappanastos
Physician Signature:	INCREASE
	DECREASE

NAME _____	AIS# _____
DATE _____	FACILITY _____
SIG.	DISCONTINUE
	CONTINUE
	INCREASE
Physician Signature:	DECREASE

NAME _____	AIS# _____
DATE _____	FACILITY _____
SIG.	DISCONTINUE
	CONTINUE
	INCREASE
Physician Signature:	DECREASE

NAME [illegible]	AIS# 187140
DATE [illegible]	FACILITY BCCF
SIG. [illegible]	DISCONTINUE Noted C. Leinard 2/25/99 11:40
	CONTINUE
	INCREASE
Physician Signature:	DECREASE

NAME [illegible]	AIS# 157140
DATE 2/25/99	FACILITY BCCF
SIG. [illegible]	DISCONTINUE
	CONTINUE
	INCREASE
Physician Signature:	DECREASE

NAME Wright Richard
DATE 5/7/95
AIS# 187140
FACILITY DC

SIG. [illegible] x [illegible] days

[illegible] RN

Physician Signature:

DISCONTINUE
CONTINUE
INCREASE
DECREASE

NAME Wright Richard
DATE 10/2/96
AIS# 187140
FACILITY Draper

SIG. Clipper shave x 180 days

Physician Signature: [illegible] MD

DISCONTINUE
CONTINUE
INCREASE
DECREASE

NAME Wright Richard
DATE 7/11/96
AIS# 187140
FACILITY Draper

SIG. 1) Place patient on eye list

Physician Signature: [illegible] MD

DISCONTINUE
CONTINUE
INCREASE
DECREASE

NAME Wright, Richard
DATE 6/11/96
AIS# 187140
FACILITY Draper

SIG. Cough tabs # BID x 7 days
ATC Cr. given to Cof

Physician Signature: [illegible]

DISCONTINUE
CONTINUE
INCREASE
DECREASE

A 01

NAPHCARE
HEALTH SERVICES REQUEST FORM

Print Name: Richard Wright Date of Request: 8-16-02

ID#: 187140 Date of Birth: 8-15-67 Housing Location: Seg 5

Nature of problem or request: Having pain in my left Knee From [redacted] Sgt. Strickland twisting it and pain in the back of my head From him Forcing it to the Floor "Request X-rays"

Richard W Wright 187140
Sign here for consent to be treated by health staff for the condition described

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

****

HEALTH CARE DOCUMENTATION

Subjective: "I have a headache and back pain"

Objective: BP 130/70 P 78 R 16 T 98

Assessment: alt. in comfort

Plan: See MD

Refer to: ✓ PA/Physician ___Mental Health ___ Dental

Signature: Gloria Rogers Title: LPN Date: 8/18/02 Time: 5:20 A.m

NCO40 HEALTH SERVICES REQUEST FORM

PARTMENT OF CORRECT NS

EMERGENCY/ (OTHER) TREATMENT RECORD

DATE	TIME	FACILITY	
06/12/02	1300 AM PM	BCCF ☐ SIR ☐ PDL ☐ ESCAPEE ☐	☐ EMERGENCY ☒ OTHER

ALLERGIES NKDA

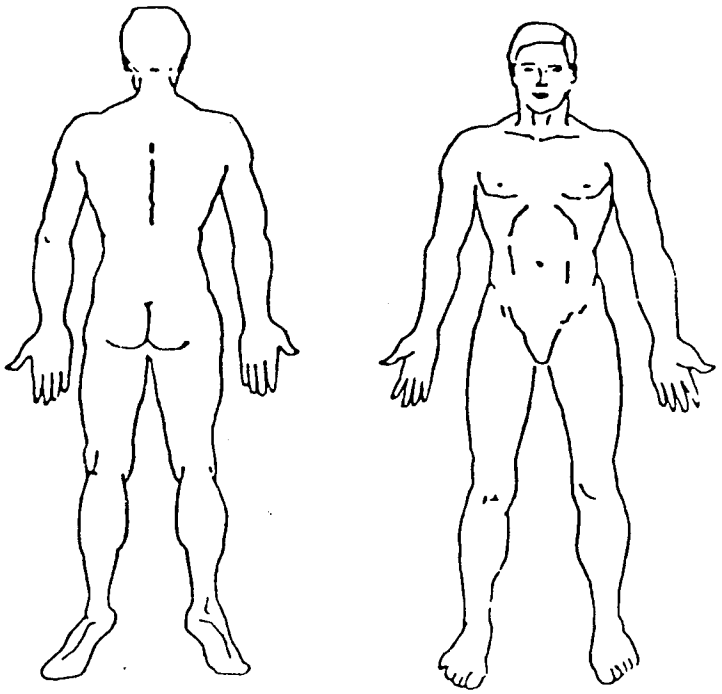
CONDITION ON ADMISSION: ☒ GOOD ☐ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA

VITAL SIGNS: TEMP 98 ORAL / RECTAL RESP. 18 PULSE 70 B/P 120/70 RECHECK IF SYSTOLIC <100 > 50

NATURE OF INJURY OR ILLNESS

S) DOC requested "routine" body chart.
O - Adult / oriented
A - WNL.
P - Released to DOC.

ABRASION///	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION/ SUTURES



PHYSICAL EXAMINATION

WNL.

ORDERS, MEDICATION, etc. Released to DOC

DIAGNOSIS

INSTRUCTIONS TO PATIENT

Released to DOC

RELEASE/TRANSFER DATE	TIME	RELEASE/TRANSFERRED TO	CONDITION ON DISCHARGE
06/12/2002	AM (PM)	☐ DOC ☐ AMBULANCE ☐	☒ SATISFACTORY ☐ POOR ☐ FAIR ☐ CRITICAL

NURSE'S SIGNATURE	DATE	PHYSICIAN'S SIGNATURE	DATE	CONSULTATION
A. R. Greening R	06/12/02			

PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE	DATE OF BIRTH	R/S	AIS #
WRIGHT, RICHARD	34 YR	08/15/1967	B/M	187140

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES

PSYCHOTROPIC MEDICATION REPORT

INMATE NAME: Wright, Richard AIS #: 187140

INSTITUTION: Bullock LOCATION: Seg

PSYCHOTROPIC MEDICATION(S) PRESCRIBED:

Medication	Dosage	Frequency	Stop Date
Prolixin Dec. IM	25 mg	q 2 wks	9/6/02
Lithium	600mg P.O	q HS	9/6/02
Haldol	2mg P.O.	q HS	9/6/02

PROBLEM REPORTED:
Side effects:____ Medication-Related Problem:____ Non-Compliance: ✓
Explanation:
Verbally Refused prolixin dec. 25mg IM

Reported by: Inmate Richard Wright Date: 6/6/02

MENTAL HEALTH NURSE FOLLOW-UP:
Follow-up in seg cell c inmate. Verbally refuses to take prolixin inj. Inmate states "I ain't taking no shot."

Follow-Up by: R.M. Counts, RN Date: 6/6/02

PSYCHIATRIC REVIEW/PLAN:

Follow-Up by:_____ Date:_____

Inmate Name	AIS #
Wright, Richard	B 187140

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
BEHAVIORAL OBSERVATION AND REFERRAL

Inmate Name: Richard wright AIS# B/187140 Location: Segregation Cell #14

BEHAVIORAL OBSERVATIONS:

Inmate is: ☐ Not eating ☐ Does not leave cell ☐ Not sleeping

Appearance: ☐ Looks tired ☐ Poor hygiene ☐ Dressed inappropriately

Speech: ☐ Loud ☐ Screaming ☐ Over-talkative
☐ Talks to self ☐ Makes little sense ☐ Not talking
☐ Talks about hurting or killing self

Behavior: ☐ Crying ☐ Tense ☐ Threatening staff
☐ Pacing ☐ Rigid ☐ Threatening inmates
☐ Suicidal ☐ Self-harm ☐ Weird
☐ Not cooperative ☐ Not responsive ☐ Little activity
☐ Smearing feces or urinating on self/floor

Inappropriate Sexual Behavior: ☐ Exposing self ☐ Other

Attitude: ☐ Aggressive ☐ Assaultive ☐ Belligerent
☐ Negative ☐ Passive ☐ Depressed

COMMENTS: Inmate Wright was locked up in seg for arguing with another Inmate, when Inmate wright was awaken from his sleep he charged the closed seg cell door unusually fast, Sweating excessively, looking strange, Inmate wright also stated to officer Bailey that he (Inmate wright) was suppose to go home today. Inmate Wright seems to be easily Agitated by other Inmates.

Referred by: Ofcr. J. Bailey Phone Contact #: 133 Date: 6-3-02

MENTAL HEALTH FOLLOW-UP: EVALUATION/TREATMENT/DISPOSITION

Pt. is Bipolar + Hypomanic - He is in Seg + trying on Haldol + Lithium Rx,

Follow-Up by: [signature] Date: 6/4/02

Inmate Name	AIS #
Wright, Richard	187140

CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM

Print Name: Richard Wright Date of Request: April 1, 2002

ID #: 187140 Date of Birth: Aug 15, 1967 Housing Location: 19-17

Nature of problem or request: Shaving bumps

I consent to be treated by health staff for the condition described.

Richard W Wright
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

****

HEALTH CARE DOCUMENTATION

Subjective: I would like to get a shaving profile

Objective: BP 130/80 P 78 R 20 T 97.6
Noted bumps under Chin and on face.

Assessment: Alderation in Comfort R/T shaving profile

Plan: See Dr. Siddiq

to: ✓ PA/Physician ____ Mental Health ____ Dental

J Smith Title: LPN Date: 4/2/02 Time: 1:38 PM

/94

RECEIVED APR